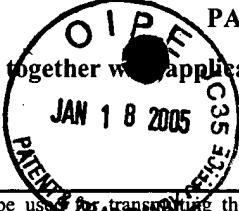


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000
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23683 7590 11/01/2004

MOLEX INCORPORATED
2222 WELLINGTON COURT
LISLE, IL 60532
01/19/2005 JBALINA2 00000070 501873 10620229

01 FC:1501 1400.00 DA
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Kerri Richardson

(Depositor's name)

(Signature)

January 11, 2005

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,229	07/15/2003	Arvind Patel	A3-290 US	8525

TITLE OF INVENTION: FEMALE TERMINAL WITH FLEXIBLE SIDEWALLS AND FLAT ANGLED CONTACTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/01/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARVEY, JAMES R	2833	439-851000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stephen Z. Weiss

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in accordance as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Molex Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

 2222 Wellington Court
 Lisle, Illinois 60532

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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4b. Payment of Fee(s):

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-1873 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date January 7, 2005

Typed or printed name

Stephen Z. Weiss

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